Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 5-16-01 through 8-6-01.
   b. The request was received on 5-16-02.

II. EXHIBITS

1. Requestor, Exhibit I:
   a. TWCC 60 and Letter Requesting Dispute Resolution
   b. HCFAs
   c. EOBs
   d. Medical Records
   e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:
   a. TWCC 60 and Response to a Request for Dispute Resolution
   b. HCFAs
   c. EOBs
   d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 7-16-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 7-17-02. The initial response from the insurance carrier was received in the Division on 6-18-02. There was no 14 day response.

4. Notice of A letter Requesting Additional Information by the Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 7-5-02:
   "(Claimant) was enrolled as a patient in our Pain Management Program for six weeks. The patient was seen by multiple disciplines… The entire team meets weekly for staff discussion of the patient and a report is given verbally to the patient during the meeting. (Claimant) made measurable gains during her time in the Pain Management program. She has met all of her goals. She has reported less pain and was able to increase her activity level by the end of the program. Her function and quality of life was improved."

2. Respondent: Letter dated 6-14-02:
"This claim has been reevaluated and the original review was appropriate. The amount rendered is equal or exceeds the payment required under the Texas Workers' Compensation Act statutory standard for payment for medical providers. As a result, there is no additional recommendation for this review. Please refer to the attached documents filed on behalf of Respondent/Carrier."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 5-16-01 through 6-6-01.

2. The carrier denied the billed services as reflected on the EOBs as, "F,397 – ALLOWANCE IS BASED ON UTILIZATION REVIEW PRE-AUTHORIZATION"; "C – NEGOTIATED CONTRACT"; "M,426 – REIMBURSED TO FAIR AND REASONABLE"

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MAR$	REFERENCE	RATIONALE:
5-16-01 5-18-01	97799 97799	$1,500.00 $1,500.00	$806.40 $806.40	M,426 M,426	DOP DOP	MFG: Medicine Ground Rules (II) (G); General Instructions (III) (VI); TWCC Rule 133.307 (g) (3) (D); CPT Descriptor	The Carrier has denied the disputed CPT Codes as "M,426". Documentation supports that the services were rendered as billed. The carrier has reimbursed the provider $806.40 out of a $1,500.00 charge for eight hours of pain management. The law or rules are not specific in the amount of evidence that has to be submitted for a determination of fair and reasonable. However, pursuant to Rule 133.307 (g) (3) (D), the requestor must provide documentation that discusses, demonstrates and justifies the payment request. No evidence was submitted to support that the provider's billed amount was fair and reasonable. No additional reimbursement is recommended.
5-21-01 5-23-01 5-25-01 6-4-01 6-6-01	97799 97799 97799 97799 97799	$1,500.00 $1,500.00 $1,500.00 $1,500.00 $1,500.00	$806.40 $806.40 $806.40 $806.40 $806.40	F,397 F,397 F,397 F,397 F,397	DOP DOP DOP DOP DOP	MFG: Medicine Ground Rules (II) (G); General Instructions (III) (VI); CPT Descriptor	The Carrier has denied the disputed CPT Codes as "F,397". Documentation supports that the services were rendered as billed. CPT Code 97799 holds no MAR value. The provider is Non-CARF accredited. The provider has billed $187.50 per hr. Non-CARF accredited facilities must reduce their billed amount by 20%. Therefore, (20% of $187.50 = $150.00 per hr. $150.00 x 8 hrs = $1200.00 - $806.40 already pd = $393.60 due). $393.60 x 5 dates of service = $1,968.00. Additional reimbursement is recommended in the amount of **$1,968.00.**

5-30-01 6-1-01	97799 97799	$1,500.00 $1,500.00	$806.40 $806.40	C C	DOP DOP	MFG: Medicine Ground Rules (II) (G); General Instructions (III) (VI); CPT Descriptor	The Carrier has denied the disputed CPT Codes as "C". There was no evidence presented by either the Carrier or Provider to support or not support a contract. Therefore dates of service 5-30-01 and 6-1-01 will be reviewed as an "F" denial. The provider is Non-CARF accredited. The provider has billed $187.50 per hr. Non-CARF accredited facilities must reduce their billed amount by 20%. Therefore, (20% of $187.50 = $150.00 per hr. $150.00 x 8 hrs = $1200.00 - $806.40 already pd = $393.60 due). $393.60 x 2 dates of service = $787.20. Additional reimbursement is recommended in the amount of **$787.20.**
Totals		$13,500.00	$7,257.60				The Requestor **is** entitled to additional reimbursement in the amount of **$2,755.20.**

The above Findings and Decision are hereby issued this 4th day of February 2003.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division
LL/ll

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **$2,755.20** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 4th day of February 2003.

Carolyn Ollar
Medical Dispute Resolution Officer
Medical Review Division

CO/ll